## KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Bureau of Community Health Systems
Health Facilities Program
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## ADVERSE EVENT REPORT FOR BIRTH CENTERS (K.A.R. 28-4-1308)

Facility:			License #: _	
(Full name of Facility) <b>Event Detail: Date:</b>		Time:	Location:	
Event Involved:	☐ Mother	□ Newborn	☐ On-duty Employee	☐ Premises
Event Type:	☐ Stillbirth	☐ Death	☐ Intentional Injury [	☐ Unintentional Injury
	☐ Fire	☐ Other Dam	nage Impacting Safety	
	☐ Other			
Facts of the Event:				
Actions Taken:				
Measure Taken to M			n:	
Witnesses to the eve	nt: (Provide full	names and inclu	ude separate reports, as inc	dicated)
Authorities to Which	Event Was Repo	orted: (Agency a	nd Date of Report(s)	
		Email Contac	 t #:	

Submitted by—Printed Name